STATE OF MARYLAND—CERTIFICATE OF DEATH

. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT REC B.—WRITE PLA

MARGIN RESERVED FOR BINDING

PHYSICIANS should state properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(165)
County Starford,	Registration Dist. No. 184
Village or City Dublin	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds- How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Am, M, anders	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widewed or divorced HUSBAND of Comp WHEE of America and Candlerson	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 27 1864	I lest saw him alive on Way Duck, 1937; death is said
7. AGE Yaars Month's Days If LESS than	to have occurred on the date steted above, atm.
72 // /9 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	Strangelation by 7/195
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last worked at August 11. Total time (years)	Trangling
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacasad last worked at this occupation (month and 193.7 occupation occupation)	
12. BIRTHPLACE (city or town) Har ford Co.,	Other Centributery Causes of Importance:
(State or country)	
13. NAME 15, De Completo	
14. BIRTHPLACE (city or town)	Nama of operation
# 15. MAIDEN NAME ann W. Singleton	What tast confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causas (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) How ford Co.	Accidant, suicide, or homicide? August L. Date of Injury 7/16, 1937
State or country)	Whare did injury occur? Street darling mt.
17. INFORMANT USA, Unmy Undersor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, DR. REMDYLL	Manner of Injury
Place Date Hully 10, 193/	Natura of injury
19. UNDERTAKER The Sailey (Addiess) Darlington May 1	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED My 17, 19 37, M. G. Kirk. Registrat.	(Signed) And Andrews M.D. (Address) Daniel M.D.
If more blanks are needed, address State Registrar.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a E	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ADDEAU			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA	N
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Oate of onset

Registration Dist. No.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of importance

23. If death was due to externel couses (VIOL ENCE) fill in also the following:

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage AUG 4 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	Pur CB
County Warfard	Registration Dist. No. 185
Village or City Habre de Grace No	exterial St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	13 ds. How long In U.S. If of foreign birth?yrsds.
2. FULL NAME Oruget Clarkon	· · · · · · · · · · · /
(a) Residence: No/ 120 Katous St. Phil	e Ra Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
The Megro Married	(Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of	
Mrs. Movella Chark	22. HEREBY CERTIFY. That I attended deceased from
Charle of DIPTH (most) day and man) (hall \$ - 1911	I las kaw h Me alive on 18 20 1927: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date state above at 2: 30 p.m.
01 3 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	The Time of State of Dayses
9 Industry or business in which	The toler of the Time of the
work was done, as SILK MILL, Villcut Schiavi	2 Mil a minimum schie
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and) spent in this	and orbertal blue agiles
year) year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Dall me al
13. NAME Leave Clark	
13. NAME Dearge Clark 14. BIRTHPLACE (city or town	Name of operationOate of
(State or country)	What test confirmed diagnosis? X 2500 Was there an autopsy? 7000
15. MAIDEN NAME + PORTE OF COLOR	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Flurence within	Accident, suicide, or homicide? Accident Date of Injury 7/15 19-3 7
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur? Mare atrales nd.
Me Flancia de la	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Adustus
18-01-14 CREMATION, DR. REMOVAL	Manner of injury Cally Broke, Lovae fell on the
Place Millington, Med Date aug. 4, 1937	Nature of Injury as above
Elman Backs	
19. UNDERTAKER ALLE Sullege Por (Address) As see See See See M. J.	24. Was disease or injury in env way related to occupation of deceased?
1 10 10 100	(Signed) Tolky M.D.
20. FILED LING 2, 1937 Clarles & Alex M. P. Registrar.	(Signed) M. D.
/ Registrar.	(Marieso) for for Saying of Salary of Colored - Condition of the Salary

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Example I		Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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V. S. No. 1

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-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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	STATE OF	MARYL	AND-CE	ERTIFICA	TE O	F DEATH
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County HARFORD	Dovintantian Dist. No. 160
	Registration Dist. No. 180
Village or City Edgewood Arsenal, Edgewood, Md.	No Station Hospital, U.S. Army St. Ward
(If dea	ath occurred in a horpital or institution, give its NAME instead of street and number) 19 ds. How long in U.S. if of foraign birth?
2. FULL NAME FRED C. CONRAD (MIDDLE NAME UNK	
(a) Residence: No. 271 W. Wingshocking St., (Usual place of abode)	St., Ward. Philadelphia, Pennsylvania If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) SIN GLE	21. DATE OF DEATH JULY 21 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of ——	2. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Exact date unknown	July 3 , 19 37, to July 21 , 19 37 I last saw h im alive on July 21 , 19 37; death is said
7. AGE Years Months Days If LESS than t	to have occurred on the data stated above, at 10:40a m.
18 rears Imknown Imknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
P. Trade, profassion, or particular kind of work dona, as SPINNERIJnknown -undergoing SAWYER, BOOKKEEPER, atc. 9. Industry or Bookkeeper, as SILK MALL SAW MILL, BANK, etc. 10. Trade, profassion, or particular windergoing profits the profits of	Appendicitis, acute, suppurative. 7-2-37 Pneumonia, broncho 7-8-37
12. BIRTHPLACE (city or town) Unknown (State or country) Pennsylvania	Other Contributory Causes of importance: Acute cardiac dilatation
TIS. NAME UNKNOWN	
	Name of operation Appendectomy Date of 7-4-37
	What test confirmed diagnosis? Clinical Was there an autopsy? NO
16. BIRTHPLACE (city or town) UNKNOWN	3. If death was dua to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
000:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Philadelphia Pane ULIV 99 103/	Manner of injury
17.7	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED July 22, 1937 Emply M Shipley Local Refisirar.	(Signed) Henry F. Philips, Lt.Col.M.C. M.D. (Address) Edgewood Arsenal, Maryland. 11 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7821
1. PLACE OF DEATH	950
County for the	Registration Dist. No. 18 3
Village or City Promise	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Goald A	and a
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONÁL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Wonth) (Dev) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 MEREBY CERTIFY. That I attended deceased from
(or) WIFE of	June 20 1967 10 July 16 1851
6. DATE OF BIRTH (month, day, and year)	I fast saw h man alive on July 16, 1937; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at _/ Da, _m.
3 10 2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Halmmorky of Jue 20
Valindustry or business in which	Tran
work wes done, as SILK MILL, SAW MILL, BANK, etc	-
and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Orfanie Heart
	albus.
E	Now of a santia
(State of Country)	Name of operation Date of What test confirmed diagnosis? Classed By Was there an aulopsy?
E 15. MAIDEN NAME Troy Mc	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[5] 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INOÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19.	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED July 19, 1937 This P. Brown	(Signed) Coharla Organisco M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address) DV V

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Example 1	II.	Example II	
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Chronic interstitial nephritis	1921	Run per bristreet car V 30 . 13	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritouitis	3 days ago
		2001 V SAV	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7822
1. PLACE OF DEATH	23	-,
County Harland	Registration Dist. No.	/
Village or City	No. Posta 1 St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S.If of foreign birth?yrsmos	sds.
2. FULL NAME Melfie V. Morse	If U. S. Veteran, specify WAR	
(a) Residence: No. A oute /	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 7
Semale negro Single	(Mg/nth) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I sttended d	leceased from
(or) WIFE of Single	12-9-1936, 10, July 4,	, 19.3.7
6. DATE OF BIRTH (month, dey, end year) Sept. 20, 1921	I last saw he alive on sular 13 ,19	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
15 9 14 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	Date of onset
8. Trede, profession, or particular		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Pulmonary Suberculous	12-25-30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
SAW MILL, BANK, etc	-	
O this occupation (month end spent in this year) occupation		
20.0.	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)	P. J. Passer	12-9-36
	Tovar neumester	7.=.20
E de la te	Name of operation Date of	
4. BIRTHPLACE (city or town) 7. Control (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Sessitive Was there an a	Htoney2441
	23. If death was due to external cause (VIOLENCE) fill In also the following	
± 2. / 0 /	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) (Set — Country)	Where dld injury occur?	
Sil Paris Handel	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
17. INFORMANT MAD AND SHARE SH	76	
18. BURIAL, GREMATION, OR REMOTE	Manner of Injury	
Place Swan Cuef Date July 7, 1937	Nature of injury	
50.00 - B2	24. Was disease or injury in any way related to occupation of deceased? 2	w
19. UNDERTAKER Sullack Tuyura (Address) of Adams de Sauce Ma.	if so, specify	
July N 3 y De Muhuel	(Signed) Cauchy L. Course	Л И. D.
20. FILEB , 19 Registrar.	(Address) 529 Revolution It. Have	- defrace

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EVE		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis AUG 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

of infor-

(Address)

TATE OF MARYLAND—	CERTIFICATE OF DEATH 78:	23
the stord	Registration Dist. No. 18 /	
		Vard
Santimon Dujerell Caltimon John (Usual place of abode)	St., Ward. If nonresident give city or town and State	
D STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
R OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wicced	21. DATE OF DEATH (Month) (Dey) (Year	>
nder Duprel	22. HEREBY CERTIFY, Thet I ettended deceased 7-22-,137 7-28,193	from 7-
Months Days If LESS than I day,	I last saw he elive on	
articular es SPINNER, Day Labre PER, etc. which olik MILL,	Chemia myscarditis 5.4	
ked at nil and 1936 11. Totel time (yeers) spent in this occupation 5.2 % 0.	Other Coatributory Causes of importence:	
South Carolina	Chemital arthurs 2.3	-37
South Carolina	Name of operation Date of Was there en aulopsy !!	w
Workeroun Joseph Carolina Voussa Dugalla	23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
Emporal Suly 30th, 1927	Manner of injury	
my Tarking Sons	24. Was disease or injury In any way related to occupation of deceased?	

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Registrar.

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	Example I	1	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1907	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

County Harfard	159
	Registration Dist. No. 185
Village or City Navrey de succe	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyer	nosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Daby and Felle	ubaum
(a) Residence: No.	Estire. Ward. Caltinary, rus
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fi
6. DATE OF BIRTH (month, day, and year) July 7 - 37	last tew h sight alive on July 7 1937; death is s
7. AGE Years Months Days If LESS than 1 day, ————————————————————————————————————	were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town Haure de Grace) (State or country)	Other Contributory Causes of Importence:
13. NAME AcinA Transland Follows	Bauw
14. BIRTHPLACE (city or town) Baltimeare (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMELUE a Clipheth thely	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hable de Nicel	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Myo J. Dellentaum	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Augil Well Date July 8 197	Manner of injury
19. UNDERTAKER Ry Mison mitchell	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Hely 8, 1937 Charle & Bey MiD	If so, specify (Signed) Sharles J. Jeley
	Al- a Ma Ala-A . The h

STATE OF MARYLAND—CERTIFICATE OF DEATH

7824

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Data of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NO S. V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	-WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	-
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 7825
1. PLACE OF DEATH	(90-2)
County Harford	Registration Dist. No.
Village or City Village or City Village or City	No. St., Ward
Length of residence in city of town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John G. Glassm	and If U. S. Veteran, specify WAR
(a) Residence: No. Caldana	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) MESS Aldennette Cury Blassma	22. I HEREBY CERTLEY. That I attended deceased from 1936, to July 2/1, 193]
6. DATE OF BIRTH (month, day, and year) March 196, 1884	I last law ha alive on 2/11, 19.37; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, a 23/20 dem.
5-3 4 ~ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, James SAWYER, BDOKKEEPER, etc.	Chrain Myderdelis Jul 131
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this operunding month and	+ Curroule to bolati
Date deceased last worked et this occupation (month and 1936 spent in this occupation 2279	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sayne (av) (State or country)	
13. NAME John 1 Zlassman	
13. NAME 14. BIRTHPLACE (city or town) (State of country)	Neme of operation Date of
	What test confirmed diagnosis? Westhere en autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Dr. Grethyn & Glassman (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lutheran Constapate July 27, 1927	Manner of injury
19. UNDERTAKER Alvey Januing Hong (Addiess) alique mid	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED July 231937 C. Milled Registrar.	(Signed) Two Netters M. D. (Address) Have n & F. 442

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis ALC 4 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 4 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE

V. S. No. 1

p.a	7 6	16)	Lag
6)	9	6

1. PLACE OF DEATH County Harry d	23)
	Registration Dist. No. // 3
Village or City of Laure de Broke,	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Sommer Hubertine France	Le Louise U.) S. Veteran, specify WAR
DX dt A D C 100	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	July 2/ 193 7
a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased fr
d'1 120	July 19 16, to July 27, 19 2
DATE OF BIRTH (month, day, and year) Uprel 10-18/9	Tast saw has allve on
AGE Yaars Months Days If LESS then	
5-8 3 /7 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or perticular	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	- Culmonary Tuberculous
9 Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Dete decesed last worked et this occupation (month and spent in this	
year) occupation	Out C + 2 + C
2. BIRTHPLACE (city or town) Pleater !	Other Contributory Causes of Importance:
(State or country) P2,	and Themandition Continue
13. NAME Bernery & Sayres	- cuite orgonium sagua
(Stata or country)	Neme of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town).	23. If death was due to externel causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(Stete or country) free and.	Whara did Injury occur?
7. INFORMANT St. Francis Villa.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hole Redesmer Date July 2 3, 19 =	3 7
(x), 4-1	Neture of Injury
19. UNDERTAKER Lumglouglouge,	24. Was disease or injury in any way related to occupation of decaased?
(Addrass) Have the Grace	If so, specify
20. FILED. July 321937 Chares Joley.	(Signad) Melapella J. Dofly N
Registrar.	(Addrass) Jane de Graces 11

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SP.	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Harbord	Registration Dist. No. / 8 2
Village or City news Forest Helf	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mollie & Grafton (a) Residence: No. Frank Forest Hell my (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.86X 4. COLOR OR RACE OR DIVORCED (write the word) Meessee	21. DATE OF DEATH (Fight) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles & Brafton	22. HEREBY CERTIFY That battended deceased from 1931 10 July 17, 19.37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. 0rmin.	to have occurred on the date stated above, at 9.34 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ways as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and speak in this prographic).	Pasculas Disease 1933
10. Date deceased last worked at this occupation (month and year)	Other Constitution Coloreful Importance;) of 1
12. BIRTHPLACE (city or town) — Collection (State or country)	Compris Minus 1929
13. NAME Joseph Sorrell 14. BIRTHPLACE (city or town) Level (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Sarah Sward 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Churles S Graften (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL MPosto July 19, 19.37	Manner of injury
19. UNDERTAKER December Forth	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AUG 4 1927	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR EUDTHER STATEMENTS BY DUVCICIAN

ADDILL	UNAL	STACE	ron 1	ORTHER	STATEMEN	ID DI III	IBIOIAI	

CTATE OF MARYLAND CERTIFICATE OF DEATH

	te A.	STATE OF MARTLAND	CERTIFICATE OF DEATH	
	state UPA.	1. PLACE OF DEATH	(b)-2)	
		County Harfad Co.	Registration Dist. No. 180)
0		Village or City Magnolia	NoSt.,	War
M)			death occurred in a hospital or institution, give its NAME instead of street and itds. How long in U.S. If of foreign birth?mrsm	
	Every SIANS ement	11 8.10		05
		2. FULL NAME	If U. S. Veleran, specify WAR	
	CORD. Every PHYSICIAN ict statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	RECORD. PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWEO, OR DtVORCED (write the word)	21. DATE OF DEATH	, 193 7
G	T L ed.	5a. If married, widowed, or divorced	U (Month) (Day)	(Year)
BINDIN	MANELA A C T J assified	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended	deceased fro
Z	EX Class	00 - 7-1037	7,10,74	7
B	PE B	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Montos Days If LESS than	to heve occurred on the date stated above, et 2:254 m.	L; deeth is sa
)R	IS A F stated properl ertifica	1 day,3hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
FOR		8. Trade profession or particular	were as follows: Fetal ashhus la	Date of grace
Q	HIS be be of	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		
RESERVED	ould may back	Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this		_
ER	E 4	work was done, es SILK MtLL, SAW MILL, BANK, etc		~
ES	1000	11. Total time (years) this occupation (month and year) year) occupation		-
四	7 4 40	mand: mal	Other Contributory Causes of importance:	
Z	d so , so ucti	12. BIRTIIPLACE (city or town) / (State or country)		
MARGIN	UNFAI supplied. n terms, ee instru	13. NAME GEORGE 3, Journ		
IA	D 2 2 0	13. NAME Soors S. Journal 14. BIRTHPLACE (city or town)	Name of operation MMC Date of	
15	F -= 10	(State or country)	What test confirmed diagnosis? Clines Was there an	autopsy? 24
3	Y, WITH carefully : [H in plain ortant. Se	15. MAIDEN NAME Daisy C. Parriou	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
	INLY, Wbe carefu EATH in important	15. MAIDEN NAME Daisy C. Harrion 16. Birthplace (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
	be car	∑ (State or country)	Where did Injury occur? (Specify city or town, county and Sta	· · · · · · · · · · · · · · · · · · ·
	ADDV	17. INFORMANT / Leone & By Muyers (Address) A heleston my	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
	shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
		Place No. rion Lougeen Date July 27, 1937	Nature of injury	
	WRIT mation CAUSI	19. UNDERTAKER Clarent I, arthur	24. Was disease or injury in any way related to occupation of deceased?	No
0	1 = 0 =	(Address) Forth Med 1	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 937	1915	Attack of epilepsy	1 week ago		
Chronic interstitied nephritis 5	1921	Run over by street car	1 week ago		
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			7 To		

ADDITIONAL	SPACE FOR FURT	HER STATEMENTS BY PHY	SICIAN	1
for authorization	tichance	date 4 dealle	see buth	cert.
0_	0	0		8/17/37

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(88)
County Harford	Registration Dist. No. 183
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1.1 1/10	0
2. FULL NAME	
(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White Since	(Month) (Dey) (193)
5e. If merried, widowed, or divorced HUSBAND of	ALLED ED VOED ELLEN ELLE
(or) WIFE of	22. THEREBY CERTIFY That I ettended dura sed from
6 DATE OF RIRTH (month day and year) C 10 1993	Hact can & dishiplanth les have alward death is cald
6. DATE OF BIRTH (month, day, and year) 10, 1923 7. AGE Yeers Months Deys If LESS than	to have occurred on the gate stelled chove at I have no please muste
18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular	were established in Chash by bull Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	point of mules took shows
9. Industry or business in which work was done, as SILK MILL,	definikely)
SAW MILL, BANK, etc	
O 10. Dete deceesed lest worked at this occupetion (month end yeer) spent in this occupation	
V .	Other Cantributary Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	Hone J
2 8 41.5	14W 0
Ξ /	7700
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation.
	Whet test confirmed diegnosis? U Wes there en eutops ? US
<u> </u>	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? . A. C. C. Dete of injury 41 17, 1937.
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur? on Form of Hilford Beaders
11: 1/10	(Specify city for town, wunty and State) for the Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) That I I I I'm	2 0 = 1
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Tracked by mule in Check
Place James Dete Jeg 20, 1937	Nature of injury Lungs. Filler with brood
19. UNDERTAKER IL ISONOMY IL	24. Wes diseese or injury in any wey related to occupetion of deceesed?
(Address) Some and Pal	If so, specify
20. FILED July 20 19 Thas R Brown	(Signed) Alle Fawhys M. D.
Registrar.	(Address) Farm Front - Fr.
If more blanks are needed address State Projets an	A Charles Street Publiment Provider (7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy.	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonities 1567 to 504	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

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16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER (Address)

CAUSE OF DEATH

plnous

WRITE

or- A-	STATE OF MARYLAND—CERT
sta UP	1. PLACE OF DEATH
and and a	county Hantond Ca
sho of C	Village or City Hartond CoHome No. (If death occurred
nt NS	Length of residence in city or town where death occurredyrsmos/ Q_ds.
Eve CIA.	2. FULL NAME Luette Hablita
TYSI Stat	2. FULL NAME Liquette Hoblitz (a) Residence: No. Hear Belder Mo (Usualplace of abode) Mulford
at E	PERSONAL AND STATISTICAL PARTICULARS

(48)			101
	Registration	Dist.	No. 182
			04

No			St	Ward
(If death occurred	in a hospital or institution, give	its NAME instead of	treet and number)
os/_ Ø_ds.	How long in U.S. if of foreign	birth?yrs	mos	ds.
- of				
	_If U. S. Veteran, specify	WAR	***************************************	

FICATE OF DEATH

1	ord Del.	If nonresiden	t give city	or town	and State
1	MEDICA	AL CERTIFICATI	FOF	DEATI	Н

ı	21. DATE OF DEATH	.T)		State of Y	
	••••	(Month)	14	20,	, 193 7 (4 oar)
	22 HEREBY	CERT	IFY	That I ettend	led deceased from
	last saw held alive on	10 3 / 10	1	0 1 103	1937

	to have occurred on the date stated above, at Rm.		
	The PRINCIPAL CAUSE OF DEATH and related causes of importence uses as follows:	3	
	(Carcinoma of		Stop 094
	Uterus.		193
	<i>V</i> -		
-			
1			

Other Contributory Causes of importance:

ĺ	Name of operation		Date	of	
	What test confirmed diegnosis?	Was	there	an au'ops	nh
l	23. If death was due to external causes (VIOI ENCE) fill in all	en th	follo	laas	

		in an also the ronowing.
	Accident, suicide, or homicide?	Date of Injury, 19
-	Where did in lucu convert	

(Specify city or town, county and State)

ope	411	*******	 .,,	OCCUTTCO	,,,,	1100311	,	TOIL,	01 111 1	OPLIC	FLACE

Nature of injury		
24. Was disease or injury	In any way related to occupation of deceased?	1

If so, specify

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female white Married 5a. If merried, widowed, or divorced HUSBAND of Frank Hoblits (or) WIFE of 6. DATE OF BIRTH (month, day, and year) UNKNOWN- 1888 certificate. 7. AGE Months If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION Jo back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at instructions on 11. Total time (years) this occupation (month and spent In this occupation ___ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town). (State or country) MOTHER TION is very important. 15. MAIDEN NAME

Registrar.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		190	, ,
County Harford		Registration Dist. No. 4	-4
Village or City abingd	<u>~</u>	No. St., St.	Ward
Length of residence in city or town where de		ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Joseph	L.P.L		
Cross 1	1. Of Car		
(a) Residence: No. 807	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male Mulut	OR DIVORCED (write the word)	July 9 (Day)	, 193. <u>7</u> (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	lig solut	22. I HEREBY CERTIFY, That I attended	ed deceased from
	1092		7.; death is sai
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5:15 Dm.	; death is sai
44	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
148	ormin.	were as follows:	Date of onse
& Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	Colorably Ceclusian	7-9-3
9. Industry or business in which	,		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased lest worked at this occupation (month end	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of Importance;	
12. BIRTHPLACE (city or town)		Heat	
(State or country)	alterore		
II 13. NAME James	Holub		
14. BIRTHPLACE (city or town)		Neme of operation	
(State of country)	istra	What test confirmed diagnosis? _ Clarcel Was there a	n autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Drapal	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	ujua	Where did injury occur?	
17. INFORMANT Mary Ho	lub	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	Stale) PLACE.
(Address) for () an lab	Rabel II		
18. BURIAL, CREMATION, OR REMOVAL	1 0412	Manner of injury	
Place Lary Lodewer	Date feely 10 , 19 17	Nature of injury	
19. UNDERTAKER Syoulk Byo	ch Alon	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) 1906 asles	sulf ly	If so, specify	
20. FILED 7/11 1937 Arth	y & temmelle	(Signed) Ired Oftodors	М.
20. 114.0	Paristrate	(Address) Elalutord h	~01

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	(m) (8)	
	Other contributory causes of importance:	
May 1,1923	Gastrochleritis	1 year
	16 3 4	
	10 5 5	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroen gritis

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN	V
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pay	((3	1
6	0	3	1

1. PLACE OF DEATH		- Trai	
County Hard	ard o	• Registration Dist. No. 185	
Village or City Racreb	de Grace	No. Naskital St	Ward
		death occurred in a hospitator institution, give its NAME instead of street and number	1)
Length of residence in city or town where	death occurredmos	/ds How long if U.S. if of foreign birth?yrsmos	ds
2. FULL NAME / LL	som Jone	w Ogy	
(a) Residence: No. Edal	evaad! wed	St., Ward.	
1	(Usual place of bode)	If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 2 193 (Month) (Day) 193	7
5a. If married, widowed, or divorced		(Wonth) (Day)	ear)
HUSBAND of (or) WIFE of	V	22. HEREBY CERTIFY That I attended deceas	ed from
	1002	puly 6 103 (10 puly 7 1	30%
6. DATE OF BIRTH (month, day, and year)	au 18, 1893		h is said
7. AGE Years Months	Days 4 LESS than 1 day,	to have occurred on the date stated abovo, at lei 45 A.m.	
44 5	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	ofonset
8. Trade, profession, or particular kind of work done, es SPINNER,	4		91011881
SAWYER, BOOKKEEPER, etc.	Januer	Justicaled Mich	
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Atomack	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	f. f.	
this occupation (month end	spant in this	Mecholism	
of a	a lie ton.	Other Contributory Causes of importance:	
12. BirthPLACE (city or town) (State or country)	realgon	· · · · · · · · · · · · · · · · · · ·	
1 2	0	- Anore	
13. NAME LEES 14. BIRTHPLACE (city or town)	c. Jours	7 /	f
14. BIRTHPLACE (city or town)	0	Neme of operation Date of Date of	1-31
	are grant a	What test confirmed diagnosis? Was there an autopsy	70200
15. MAIDEN NAME	ela pregues	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME		Accident, suicide, or homicide?	9
(State or country)	aryland	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mg. Carroll (Address) Dayling	town med.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	0:	Manner of injury	
Piace arranges relle	Date July 9 , 1937	Nature of Injury	
19. UNDERTAKER Soil Bai	lus	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Darle	aton nd.	if so, specify	
20 5000 July 7 37 RAS	Pu O'D' n ni 11.	(Signed) trules of Joley	M D
20. FILED JULY 1, 190 J. 6. N.	Registrar.	(Address) House of De	had
		The state of the s	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

principal cause of death and related causes mportance were as follows: ck of epilepsy over by street car lonitis	Date of onset 1 week ago 1 week ago 3 days ago
over by street car	1 week ago
lonitis	3 days ago
er contributory causes of importance:	1 year

should state of OCCUPA-

PHYSICIANS IS A PERMANENT RECORD. Every Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA V. S. No. 1 Ä

1. PLACE OF DEATH	
County Harford	Registration Dist. No. 85
Village or City Have de Grace.	
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s. 25 ds. How long in U.S. if of foreign birth?
2. FULL NAME Quia L. Listler,	If U. S. Veteran, specify WAR
(a) Residence: No. 5-18-Franklin	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Teusle volute Single	(Mohth) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBANO of	(month) (bey) (leal)
(or) WIFE of	22. HEREBY CERTIFY, That i attended deceased from
16 .000	19.3 1, to 19.3 7
6. DATE OF BIRTH (month, dey, and year) May 8- 1872	19st saw h 3 alive on 1937; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, etm.
65- 1 25- I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
Z 8. Trade, profession, or particular	Date of onset
kind of work done, es SPINNER, Houseunfe;	Leucento Clarana
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	+ Strafformate Soni
work was done, as SILK MILL, SAW MILL, BANK, etc	The - Fort
- I this occupation (month and	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lavede Suace)	A.
(Stete or country) muyland,	too amen
13. NAME albert taffler,	
f4. BIRTHPLACE (city or town). Tall folde Grace	Name of operation Date of
(Stete or country) Watersland;	What test confirmed diegnosis? Jakovalow Wes there en eutopsy? W
IS. MAIDEN NAME Plain Detter	
15. MAIDEN NAME Elizabetty proserve 16. BIRTHPLACE (city or town) blavce a grape.	4-23. If deeth was due to externel couses (VIOLENCE) fill in elso the following:
O f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
200 - 2101	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Years Leffler,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Lave of Scale, ma	4
Piece angel Hell Dete July 6 1937	Menner of Injury
vere , 19XL	- Nature of Injury
19. UNDERTAKER Remmastout Son	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Have de Grace ma	If so, specify
20. FILED Seeling 6 37 Challe & Toley M. S.	(Signed) T. D. Hellier M. O.
Registrar.	(Address) Ham Dr Fran Turl

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	7
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
// AUG .	5. 11		
//	and the same of th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7835
1. PLACE OF DEATH	- NB
county Hartord	Registration Dist. No. 182
Village or City Watervala	No. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
0 . 0 -	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME LONFAD POSENBROW	If U. S. Veteran, specify WAR
(a) Residence: No. Wateruala Md (Usual place of abode)	St, Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora 4 Rosex6rock	22. I HEREBY CERTIFY, That I attended deceased from
8 1 5 5 5	, 19.3 2 , to
6. DATE OF BIRTH (month, day, end year) 9-15-1855 7. AGE Years 4 Months Days If LESS than	I last saw h elive on, 19; death is seld to have occurred on the date stated above, et, m.
8.5 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows: Data of onset
kind of work done, as SPINNER, Apholete SAWYER, BOOKKEEPER, etc. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Swind & Indo 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	mast - and
SAW MILL, BANK, etc	D. 1-
- In social control (month and	
year) occupation occupation	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) // 4.M.6.19	
(State or country) Aumany	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME	
14. BIRTIIPLACE (city or town)	Name of operation Date of
U.S. MOZ	What test confirmed diagnosis? Desputation 19 Westhere an europsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
D 1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Red William CK (aho) & (Address) 3401 Bank Str Baltoka	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannel of Injury & excell y used of C. I Mind
Place yosk. Pa Date Valy 14, 1977	Neture of injury Strand 1 seeks West war
19. UNDERTAKER Sean & Fortes (Address) Bela Commendation	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sely 13, 1937 M. E'Richardson Registrar.	(Signed) Char Hichardo M. D. (Address) Bell and M.D.
44 4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of infor-	should state	of OCCUPA:	
FRECORD, Every	Y. PHYSICIANS	Exact statement	
HIS IS A PERMANENT	be stated EXACTL	be properly classified.	of certificate.
B.—WRITE PLAMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA:	TION is very important. See instructions on back of certificate.
B.—WRITE PLAMLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importar

1. PLACE OF DEATH	100
County Sarford	Registration Dist. No. 181
Village or City Merry War death occurred 25 yrs - m	Nb. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number) os ds. How long in U.S. if of foreign birth? yrs mos
Il lord.	If U. S. Veteran, specify WAR
	St., Ward.
(Gsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Glored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH (Month) (Day) (Year)
A. If married, widowed, or divorced HUSBAND of (or) WIFE-SI	22. I HEREBY CERTIFY. That I attended deceased fr
DATE OF BIRTH (month, day, and year) March 11 4 186	6-13-37, 19 to 7-28 , 1937 I last saw h is alive on July 22 , 1937; death is s
AGE Years Months Days If LESS than 1 day,hr	Were follows:
Trade profession or particular	Empylua Date of one 7-7-7- Chronic Parandymataus Repliet 6 13-
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (minuth and	
10. Date deceased last worked at this occupation (month and year)	Dther Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Baltimore (State or country)	
I I I I I I I I I I I I I I I I I I I	
13. NAME 14. BIRTHPLACE (ofty or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Conduson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore for	Accident, suicide, or homicide? Date of injury, 19
7. INFORMAN Mary As Arllingsway (Address)	Where dld injury occur?
8. BURIAL, CREMATION, OR REMOVAL Batter of Place Laurelie Country Date July 25, 193	Manner of injury
9. UNDERTAKER Denry Jarring Isons (Address)	24. Was disease or injury in any way related to occupation of deceased
0. FILED July 24, 1937 - Q.C. Michael Registrar.	(Address) 5 69 Revolution St. Have be of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis C L V L V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

7837

1. PLACE OF DEATH	7	
County Hurford	<u>/</u>	Registration Dist. No. 183
Village or City Morrowlle Length of residence In city or town where death occurred.	(If mos.	NoSt.,Ward death occurred in a hospital or justitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Willer	linel	La contraction of the second s
(a) Residence: No. ponesod (Usual place of	abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVERCED		21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2	22. HEREBYCERTIFY, That I attended defeased from
6. DATE OF BIRTH (month, day, and year) Feet 25 V	1911	Hast saw h alive on Jack 1937; death is said
7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	orke!	Salley formed
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	~	Deceased was shot in breast with rible
10. Date deceased last worked at this occupation (month and cclf 3/ year) 11. Total time spant occupation (month and cclf 3/ year)	e (years) in this faition	thy Dr. Hood; in self Lefenses Costof
(State or country)	****	Deceased level approximately one have
13. NAME Jour Sunth	et.	ofter being sect.
(State or country)	28	Name of operation Date of What test confirmed diagnosis? The Work test confirmed diagnosis?
15. MAIOEN NAME	uller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Res	Where did injury occur? Alan Mothers Was Manual Man
17. INFORMANT She Squitte Ha	CC.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in 19ME, or in PUBLIC PLACE. Da Jam Man Variable Ma
18. BURIAL, CREMATION, OR REMOVAL Place Coulty Grown Oate	3 ,137	Manner of injury Bullety Wound
19. UNOERTAKER STURB Hori	med	24. Was disease or injury in any way related to occupation of deceased?
20. FILE CLUG 3, 1937 Thas RV	Prouver Registrar.	(Signed) Valle Hawkins M. O. (Address) Facer Fr
U If more blanks are needed, add	dress State Registrat,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis GECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 4 1937	July 5,1927	Peritonitis	3 days ago	
BUREATT V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		The state of the s	1 1 1 1 A	

MARGIN RESERVED FOR BINDING

V. S. No. 1

20. FILEO ...

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Harford	Registration Dist. No.
Village or City Jeppa	No. St., War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME William H Stevenson	
(a) Residence: No. New Yhil Rd Joffer	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Swrite tha word)	21. DATE OF DEATH
Male Colored Links	(Month) (Day) (Year)
a. If marriad, widowed, or divorcad HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 14
In an 181°	, 19, 10, 19
5. DATE OF BIRTH (month, day, and yaar) UN 22 90 1. AGE 3 0 Yaars Months Days II LESS than	to have occurred on the date stated above, at 4:3 A.m. 7
1 day,	
7 / 101	ware as follows: found Dead in led - was Date of one
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	
Industry or business in which	in good health night wefre
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacaased last worked at this occupation (month and spent in this	
year) occupation	7
12. BIRTHPLACE (city or town) Harbord Co Md	Othar Coutributory Causes of Importance:
(State or country)	, m1924
13. NAME John Aleren	1121
mal	1
(State or country)	Name of operation Date of Date of What tast confirmed diagnosis?
15. MAIDEN NAME Ama da Willia	
Sold	23. If death was due to external ceusas (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?

19. UNDERTAKER Janub a Hetersby!
(Addrass) 578 W Middle 181

24. Was disaasa or injury in any way related to occupation of dacaased?

If so, spacify

(Signad)

Led O Hodowo

(Addrass) Edgeword, md

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Natura of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
Vanounco	11491,1000	G. G	2 9001	

							BY PHYSICIAN	
ance of	Judo	Len	death	could ,	and be	determ	med_ Case	was
investo	المقافة	by	Local	Coroner	J. Peace	e mr	Landers of	Van Belles.
		3						

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be

FOR BINDING

MARGIN RESERVED

Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	940
CountyHarford	Registration Dist. No. / 8 2
Village or City Bel Air	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 26.ds. How long in U.S. if of foreign birth?
	If U. S. Veteran, specify WAR
(a) Residence: No. Bel Air, ReFaDe # 1 (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 103 3 7
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That Lettended deceased from
Betty Young Umbarger	19 to Only 1037
6. DATE OF BIRTH (month, day, and yeer) 10 - 8 - 61	I last saw h alive on July 50, 1937; death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
75 9 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8 Trade profession or particular	
SAWYER, BOOKKEEPER, etc. Farmer	Congra Feetores (acute)
9. Industry or business in which work was done, as SILK MILL, Farm SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Farm 10. Date deceased last worked at this occupation (month end year) year) 11. Total time (years) spent in this occupation. 75	
12. BIRTHPLACE (city or town) Marion, Smyth Go., Va.	Other Centributery Causes of importence:
(State or country)	
13. NAME M. Lafayette Umbarger	~ 5 %,
13. NAME M. Lafayette Umbarger 14. BIRTHPLACE (city or town) Wythe QQ., Va.	Nama of operation Prome Date of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Paulina Scott 16. BIRTHPLACE (city or town) Smy th Co., Va.	23. If death was due to externel ceuses (VIOLENCÉ) fill in elso the following:
16. BIRTHPLACE (city or town) Smy th Co., Va.	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. J. N. Umbarger (Address) Bel Air, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mt. Zion Date 7 - 13 19.37	Nature of injury
19. UNDERTAKER John Tarring	24. Was disease or injury in any way related to occupation of deceased? #20
(Addysss) Aberdeen Md	If so, specify
20. FILED July 12, 1937 2 Richardson	(Signed) M. D.
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year
			ereneva.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	7041
County Harlord Co.	(59)
701	Registration Dist. No. 185
	of depth occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrs,mos	s. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Mrs. Kelegg. Y)in	land a
(a) Residence: No. Street Marylan	Ist. Ortsede
AUsual place of abode	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale White 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH (Month) (Day) (Pear)
4a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Tenterioun	22. I HEREBY CERTIFY That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) au 25 th 1866	I last saw h. A alive on the first said
7. AGE 7 Years Months Days If LESS than	to have occurred on the date state above, at 3 a.m.
4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows: Date of onest
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jangrens fint
O 10: Date deceased last worked at this occupation (month and spant in this	Lovaemen.
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / aryland (Stata or country)	
13. NAME Unkalium	
13. NAME ULKULUU 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country) Unknown	What test confirmed diagnosis?
15. MAIDEN NAME Martha Late	23. If death was due to external causes (VIDLENCE) fill in elso tha following:
15. MAIDEN NAME Martha Late 16. BIRTHPLACE (city or town). Maryland	Accidant, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs. Genment Doyle (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Chatrut till Date tuly 11 , 137	Nature of injury
19. UNDERTAKER A & Baileys (Address) 62 artino (7)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED July 10 , 1937 Charles J. Toley M.D.	(Signed) They wilher M. D
A Registrar.	(Address) Have de frace and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

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-WRITE PLA

of OCCUPA-

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FOR BINDING

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ple I	ll ll	Example II	
nd related causes	Date of enset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	1921	Run over by street car	1 week ago
AUG .	July 5, 1927	Peritonitis	3 days ago
BUREAU	1 6		
mportance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	AUG 5	nd related causes Date of onset 1915 1921 AUG D July 5, 1927 BURGAU S.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of infor-

CTATE	OF	MADVI	AND-	CEDTIE	CATE	OF	DEATE
SIAIL	UF	MARYL	AND-	CERTIFI	CAIL	UF	DEATE

7	0	1	()
6	0	7	2

1. PLACE OF DEATH	b-11		92.0
CountyH	arford Cou	inty.	Registration Dist. No. 180
Village or City Belai:	r. Md.	(1)	ND. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	re death occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME MI	cs. Mary I	. Walsh	•
(a) Residence: No.	Bel Air. (Usual place of	Md. abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5a. If merried, widowed, or divorced	5. SINGLE, MARRI OR DIVORCED W1dow	(write the word)	21. DATE OF DEATH July 30 th. 1937 (Month) (Oay) (Year)
HUSBANO of	Walsh.		22. I HEREBY CERTIFY. That i attended deceased fr May 23rd 1937, to July 30th 19
6. DATE OF BIRTH (month, day, and year)	November	2	l last saw her alive on July 30th/37, 19 ; death is si
7. AGE 89 • Years 8 Months	30 0ays	If LESS than 1 day, 4A	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	None.		Cholelithiasis Cholecystitis
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total tim	a (years)	
year)		Oh4	Other Contributory Causes of importance:
	k County.		Hypertension
13. NAME Clement Die			Cardiac hypertrophy
14. BIRTHPLACE (city or town)(State or country)		France.	Mitral insufficiency Name of operation Clinical Was there an autopsy?
15. MAIDEN NAME WATTA	tzer.		23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)(State or country)		France	Accident, suicide, or homicide?, 19, 19, 19, 19
17. INFORMANT 32.	Walsh His 2nd	R D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Bonny Bray	Cem.Aug.	2nd 1937.	Manner of injury
9. UNDERTAKER HOWAY (Address) A DI	d McComas ngdon. Md	•	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILEO July 31 , 1937 67	mily M SI	hipley of Registrar.	(Signed) / Lon P. Thompson M. (Address) Aberdeen Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

V. S. No. 1

ż

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 1997	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year

Other contributory causes of importance	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

Date of onset



BINDING

FOR

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statement PHYSI Exact may back carefully important. in DEATH be plnods very OF CAUSE mation LION

OCCUPATION

MOTHER

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foraign high? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (runite the word) Month (Day) 5a. If merried, widowed, or divorcad HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to heve occurred on the date stated abova, at_A 38 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. & Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date decaased last worked at 11. Total time (years) spent in this 13 this occupation (month and Other Contributory Causes of importance (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diegnosis?_____ Was there an autopsy?____ 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURTAL, CREMATION, OR Manner of injury Nature of injury 24. Was disease or injury in eny way ralated to occupation of decaesed? 19. UNDERTAKER (Address) If so, specify

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Registrar.

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Example (I	V	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 198142EAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		EL CLARENCE	my c
STATE OF MARYLAN	D-CERTIFICA	ATE OF DEATH	60
LACE OF DEATH		93:20	
County Harford		Registration Dist. No	182
Village or City Hanfardle Home	No.		St.,
Length of residence in city or town where deeth occurredyrs.	2mosds. How long	ital or institution, give its NAME instead of In U.S. if of foreign birth?yrs	
TULL NAME Frank Walson	If U. S.	Veteran, specify WAR	
(a) Residence: No House Jan Hon	War a St War	rd.	

....Ward ber) 2. F (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of IHEREBY 22. CERTIEY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the dete stated above, et 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Col or min. were as follows Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) on 10. Date deceased last worked at this occupation (month end spent in this instructions year) _____ occupation __ 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or tow) Name of operation..... (State or country) What test confirmed diagnosis?_____ Was there an au'opsy?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of Injury______ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. very (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury TION is Nature of injury 24. Was disease or injury in any way related 19. UNDERTAKER _OC (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
WG 4 193	1915		
10 Ct X 100		Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
REALL V. S.	July 5,1927	Peritonitis	3 days ago
of importance:	May 1 1009	Other contributory causes of importance:	1 year
	of importance:		of importance: Other contributory causes of importance:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 5 1931	July5,1927	Peritonitis	3 days ago	
BUREAU V.	S			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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7	8	4	5	

(Year)

That Lettended deceased from

(Day)

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis AUG 4 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7845
1. PLACE OF DEATH	82-0)
County Sarty	Registration Dist. No. /8 (
Village or City (Medeller	NoSt.,Ward
Length of residence in city or town where death occurred 6.4.yrs. 1mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mus. Carrie M. Welson	If U. S. Veteran, specify WAR
(a) Residence: No. Bel air Cive	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) 5a. If married, widowed, or diyorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE OF a religh of Wilson	22. I HEREBY CERTIFY, That i attended deceased from 19 to July 22 1937
6. DATE OF BIRTH (month, day, and year) Selly 3 - 1873	I last saw here alive on July 22 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z 1 40 Pm.
64 - 19 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterioselerosia V
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Sarford Ceo	Other Contributory Causes of Importance:
(State or country) Mary new	Cerebral Kermorrhage
13. NAME James M. Wells	
13. NAME ALLES J. Mells 14. BIRTHPLACE (city or town) Aarfred Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME Sarah O. astorn	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sach Q. Ashorn 16. BIRTHPLACE (city or town) Sachar	Accident, suicide, or homicide? Date of injury, 19
X (State or country) Maryland	Where did injury occur?
17. INFORMANT hus. Cora II. Marlin (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sklaulia tendy Date July 24, 1932	Nature of injury.
19. UNDERTAKER Benery James	24. Was disease or injury in any way related to occupation of deceased?
(Address) fillendelen med	If so, specify
20. FILED July 24, 1987. C.C. Michael	(Signed) M.D.
Registrar.	(Address)

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Example I		Example II		
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Chronic interstitial nephritis	(こしと) " "	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1937	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year